

## COMMONWEALTH OF PENNSYLVANIA

## ASBESTOS ABATEMENT AND DEMOLITION/RENOVATION NOTIFICATION FORM

## OFFICIAL USE ONLY:

Postmark date: \_\_\_\_\_  
 Project ID #: \_\_\_\_\_  
 Permit #: \_\_\_\_\_  
 Other #: \_\_\_\_\_  
 Inspector: \_\_\_\_\_

**RECEIVED**

JUL 03 2007

Pesticides & Asbestos Programs  
 and Enforcement Branch (SW032)  
 EPA Region III

Date received 2: \_\_\_\_\_

## REFER TO THE ATTACHED INSTRUCTIONS FOR ADDITIONAL INFORMATION AND REQUIREMENTS.

## 1 TYPE OF NOTIFICATION (check one):

☒ Initial☐ Annual Notification☐ Revision (highlight here, and changes)☐ Phase of Annual Notification☐ Postponement☐ Revision (highlight changes)☐ Cancellation

Date if Initial Notification or, if previously revised, date of last revision: \_\_\_\_\_

## 2 PROJECT LOCATION (check one):

☐ Allegheny County☐ City of Philadelphia☒ Other location in PA (specify county) Delaware

## 3 FOR ALLEGHENY COUNTY AND CITY OF PHILADELPHIA PROJECTS ONLY:

A. Does this project require permit? (Y/N) \_\_\_\_\_ (If Y, a permit application must be submitted along with this notification and approved prior to the start of the project.)

B. For City of Philadelphia projects requiring as permit:

Asbestos project inspector: \_\_\_\_\_ Certification #: \_\_\_\_\_

Company name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## 4 WILL ALTERNATIVE METHODS TO ANY OF THE APPLICABLE REGULATIONS BE USED? (Y/N) \_\_\_\_\_

N

(If Yes is checked, approval must be obtained prior to the start of the project. Please contact the appropriate DEP regional office or local government agency (see reverse of Instruction Sheet for contact list).)

## 5 TYPE OF OPERATION (check one):

☐ Demolition☐ Ordered Demolition☒ Abatement Prior to Demolition☐ Renovation☐

Emergency Renovation

## 6 FACILITY DESCRIPTION:

Facility Name: Parkside Elementary School

Address: 3101 Edgemont Avenue

City: Parkside State: PA ZIP: 19015

Facility Size in square feet: 40000 # of floors: 2 Age in years: +/- 50

Present Use: Vacant Prior Use: Classrooms

Will the facility be occupied during the abatement activity? (Y/N) N

## 7 ABATEMENT CONTRACTOR:

Company Name: USA ENVIRONMENTAL MANAGEMENT, INC.

Allegheny County or City of Philadelphia License # (if applicable): 441

Street/Rural/POB Address: 8600 W. Chester Pike, Ste. 103

City: Upper Darby State: PA Zip: \_\_\_\_\_

Contact: Dilip Kumar/Tracy Smith Telephone No. (between 8:00 & 4:30): (610) 449-9903

**8 DEMOLITION CONTRACTOR:**

Company Name: \_\_\_\_\_  
Street/Rural/POB Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact: \_\_\_\_\_ Telephone No. (between 8:00 & 4:30): \_\_\_\_\_

**9 FACILITY OWNER:**

Company name: Penn Delco School District  
Street/Rural/POB Address: 2821 Concord Road  
City: Aston State: PA Zip: 19014  
Contact: John Bondrowski Telephone No. (between 8:00 & 4:30): 610-497-6300 Ext. 8600

**10 FACILITY INSPECTION: (Completion required for demolition)**

Building inspector: \_\_\_\_\_ Certification #: \_\_\_\_\_  
Date of inspection: \_\_\_\_\_ Is any material assumed to be asbestos? (Y/N): \_\_\_\_\_  
Procedure, including analytical method, if appropriate, used to detect the presence of asbestos material: \_\_\_\_\_

☐ Building is ID and in danger of collapse. An asbestos investigator will be on site during demolition (**Philadelphia Only**)

**11 IS ANY TYPE OF ASBESTOS PRESENT** ☒ YES ☐ No If Yes, please list in # 12

**12 TYPE OF ACM, DESCRIPTION & LOCATION OF MATERIAL, APPROXIMATE AMOUNT OF ACM, TYPE OF ABATEMENT & THE FINAL AIR CLEARANCE METHOD:**

**PROVIDE INFORMATION IN THE SPACES BELOW, THEN CONTINUE ON ANOTHER SHEET, IF NECESSARY, USING THE SAME FORMAT.**

Code *	Description of material	Location of materials (room/floor/area)	Amount of ACM	Code **	Code ***	Code ***
FRI	Pipe Fittings	Classroom	12	LF	REM	PCM

<b>Code *</b> <u>Type of ACM</u> FRI - Friable ACM NF1 - Cat I Nonfriable ACM NF2 - Cat II Nonfriable ACM (Note: Allegheny County treats all ACM as friable)	<b>Code **</b> <u>Units</u> LF - Linear Ft. SF - Square Ft. CF - Cubic Ft.	<b>Code ***</b> <u>Type of Abatement</u> REM - Removal CAP - Encapsulation CLO - Enclosure NON - None	<b>Code ****</b> <u>Final Clearance</u> PCM - Phase Contrast Microscopy TEM - Transmission Electron Microscopy
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**13 Is this project regulated by NESHAP** ☒ Yes ☐ No

A project that includes the demolition of any defined "facility" is regulated by NESHAP. A renovation project is also regulated by NESHAP when the amounts of friable ACM, or ACM that may be rendered friable, are as follows: 260 LF or 160 SF or 35 CF

**1 4 OPERATION SCHEDULE(S) (as applicable)**

A. Asbestos abatement: Start Date 7/2/2007 Completion date: 7/2/2007  
Daily hours of operation: 7:00 ☒ am ☐ pm to 3:30 ☐ am ☒ pm  
Days of week (check) ☒ Mo ☐ Tu ☐ We ☐ Th ☐ Fr ☐ SA ☐ Su

B. Demolition Start Date \_\_\_\_\_ Completion date: \_\_\_\_\_  
Daily hours of operation: \_\_\_\_\_ ☐ am ☐ pm to \_\_\_\_\_ ☐ am ☐ pm  
Days of week (check) ☐ Mo ☐ Tu ☐ We ☐ Th ☐ Fr ☐ SA ☐ Su

C. Renovation: Start Date \_\_\_\_\_ Completion date: \_\_\_\_\_  
Daily hours of operation: \_\_\_\_\_ ☐ am ☐ pm to \_\_\_\_\_ ☐ am ☐ pm  
Days of week (check) ☐ Mo ☐ Tu ☐ We ☐ Th ☐ Fr ☐ SA ☐ Su

COMMENTS:

**1 5 DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK:**Removal of asbestos containing materials.**1 6 DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO REMOVE ACM AND TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:**Removal of asbestos containing materials before demolition of building.Compliance with NESHAP and PA DEP regulations.**1 7 WASTE TRANSPORTER(S):**

A. Transporter # 1 name: USA Environmental Management, inc.  
Street/Rural Address: 8600 W. Chester Pike, Ste. 103  
City: Upper Darby State: PA Zip: 19082  
Contact: Dilip Kumar Telephone: (610) 449-9903

A. Transporter # 2 name: Service Transport Group  
Street/Rural Address: 58 Pyles Lane  
City: New Castle State: DE Zip: 19720  
Contact: Randy Telephone: 877-999-9559

**1 8 WASTE DISPOSAL SITE: (asbestos containing materials)**

A. Landfill name: A & L. Salvage, Inc. DEP Permit #: OH EPA 2003-2  
Street/Rural Address: 11225 S.R. 45, PO Box 333  
City: Lisbon State: OH Zip: 44432  
Contact: David Carrol Telephone: (330) 424-3739

B. Landfill name: \_\_\_\_\_ DEP Permit #: \_\_\_\_\_  
Street/Rural Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

**1 9 AIR MONITORING FIRM(S):**

A. Company name/individual: \_\_\_\_\_  
Street/Rural Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

**B. Final Clearance firm (if different from 18A):**

Street/Rural Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: NJ Zip: \_\_\_\_\_  
Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

**C. Final clearance firm was hired by (check one):**

☐ Other Explain \_\_\_\_\_ ☐ Contractor ☐ Owner

**2 0 AIR SAMPLE FIRM(S) (City of Philadelphia projects only):**

A. PCM company name: \_\_\_\_\_ Certification #: \_\_\_\_\_  
Street/Rural Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

B. TEM company name: \_\_\_\_\_ Certification #: \_\_\_\_\_  
Street/Rural Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

**2 1 FOR EMERGENCY RENOVATIONS:**

Date of emergency (mm/dd/yy): \_\_\_\_\_ Hour of emergency: \_\_\_\_\_ ☐ am ☐ pm

Description of the sudden, unexpected event: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2 2 FOR ORDERED DEMOLITION (attach copy of order):**

Government agency that ordered: \_\_\_\_\_

Name of individual who ordered: \_\_\_\_\_

Title: \_\_\_\_\_

Date of Order (mm/dd/yy): \_\_\_\_\_

Date ordered to begin (mm/dd/yy): \_\_\_\_\_

**2 3 DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED OF REDUCES TO POWDER:**

Work will be stopped and area isolated. All crumbled material will be wetted down, placed in six mil bags (doubled) and properly disposed.

**2 4 PENNSYLVANIA CERTIFICATIONS/LICENSES:**

Project designer: \_\_\_\_\_

Certification #: \_\_\_\_\_

Contractor (Individual): Tracy Smith

Certification #: \_\_\_\_\_

10289

Contractor (Firm): USA Environmental Management, Inc.

C0033A

Supervisor: \_\_\_\_\_

Lee Walck

Certification #: \_\_\_\_\_

002894

**\*\*\*\*\* SIGN BOTH STATEMENTS \*\*\*\*\***

**2 5 I HEREBY CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF 40 CFR PART 61 SUBPART M (IF APPLICABLE) WILL BE ON SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING ALL WORKING HOURS AND I CERTIFY THAT ALL WORK WILL BE DONE IN ACCORDANCE WITH ALL APPLICABLE STATE AND LOCAL AGENCY RULES AND REGULATIONS:**



(Signature of Owner/Operator)

6/29/2007

(Date)

Printed name of owner/operator: \_\_\_\_\_

Dilip Kumar

Title: \_\_\_\_\_

Program Manager

**2 6 I HEREBY CERTIFY THAT THE FOREGOING STATEMENTS AND THE INFORMATION CONTAINED IN THIS NOTIFICATION FORM ARE TRUE. THIS CERTIFICATION IS MADE SUBJECT TO THE PENALTIES SET FORTH IN 18 PA C.S. 4904 RELATING TO UNSWORN FALSIFICATION TO AUTHORITIES:**



(Signature of Owner/Operator)

6/29/2007

(Date)

Printed name of owner/operator: \_\_\_\_\_

Dilip Kumar

Title: \_\_\_\_\_

Program Manager

**OFFICIAL USE ONLY:**